PREVAILED	Roll Call No. _____
FAILED	Ayes _____
WITHDRAWN	Noes _____
RULED OUT OF ORDER	

HOUSE MOTION ____

MR. SPEAKER:

I move that Engrossed Senate Bill 10 be amended to read as follows:

Page 1, line 3, delete "(a)".
Page 1, line 5, delete ":".
Page 1, line 6, delete "(1)".
Page 1, line 7, delete "; and" and insert "**.**"
Page 1, run in lines 5 through 7
Page 1, delete lines 8 through 12.
Page 1, between lines 12 and 13, begin a new paragraph and insert:

"SECTION 2. IC 12-15-35-35 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 1999]: Sec. 35. (a) As used in this section, "single source drug" means a covered outpatient drug that is produced or distributed under an original new drug application approved by the federal Food and Drug Administration, including a drug product marketed by any cross-licensed producers or distributors operating under the new drug application.

(b) Before the ~~approval or implementation of a~~ **board places a single source drug on** prior approval, ~~program for outpatient single source drugs,~~ **restricts the drug in its use,** or **establishes** a drug monitoring process or program to measure or restrict utilization of single source drugs other than in the SURS program, the ~~program~~ **board** must meet the following conditions:

(1) ~~An outpatient single source drug may not be placed on prior approval or restricted in its use for other than medical reasons.~~ **Make a determination after considering evidence and information provided to the board by the office and the public**

that placing a single source drug on prior approval or restricting the drug's use will not impede the quality of patient care.

(2) ~~Before a single source drug is placed on prior approval or restricted in its use, the board must~~ Hold a public hearing under IC 4-22 at least ninety (90) days before taking the action.

(3) ~~The board must~~ Provide evidence that placing a single source drug on prior approval or restricting its use will not: ~~impede the quality of patient care and that the single source drug is subject to clinical abuse or misuse before the board recommends that the drug be placed on prior approval or restricted in its use.~~

(A) increase costs in other parts of the Medicaid program, including hospital costs and physician costs; and

(B) result in less than optimal therapeutic outcomes.

(4) ~~Any single source drug placed on prior approval or restricted in its use will be reconsidered for~~ **Reconsider the** removal from its restricted status by the board from prior approval not later than six (6) months after the single source drug is placed on prior approval or restricted in its use.

(5) ~~Any prior approval program~~ Must ~~provide~~ **ensure that the program provides** either telephone or FAX approval or denial Monday through Friday, twenty-four (24) hours a day. The office must provide the approval or denial within twenty-four (24) hours after receipt of a prior approval request. The program must provide for the dispensing of at least a seventy-two (72) hour supply of the drug in an emergency situation or on weekends.

(6) **Ensure that** any prior approval program or restriction on the use of a single source drug ~~may~~ **is** not ~~be~~ applied to prevent acceptable medical use for appropriate off-label indications.

(c) The DUR board shall advise the office on the implementation of any program to restrict the use of brand name multisource drugs.

(d) This section does not prohibit the board from considering health, economic, or cost data.".

Renumber all SECTIONS consecutively.

(Reference is to ESB 10 as printed March 30, 1999.)

_____

Representative Welch